

Department of Health and Hospitals Center for Records and Statistics

Marriage Officiant Registration Affidavit

| | Parish of Marriage | | |
|---------|--|----------------------------|--------------------------------|
| BEFOI | RE ME, the undersigned notary, pers | sonally came and appear | ed |
| | , | who being first sworn b | by my deposed and stated: |
| | That he/she is a priest, minister, rab | bi, clerk of the Religiou | s Society of Friends, or any |
| | clergyman of | | , |
| | (Name of church, denomination, and location) | | |
| | that he/she is a resident of | (Street Address) | |
| | (City) | (State) | , (ZIP) |
| | And, that he/she makes this affidav | it for the purpose of regi | stering as a person authorized |
| | to celebrate marriages in the State a | nd Parish as required by | LSA-R.S. 9:204. |
| Signatu | re of Officiant: | | |
| Sworn | and subscribed before me this | day of | |
| My No | tary State Registration Number | expires | on |
| Notarv | State (if not Louisiana): | | |